

Rehabilitation Literature

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(Note announcement
inside)

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The publications indexed in this issue have been added to the loan collection of the Library, which extends its loan services to organizations and individuals whose local resources are so limited as to make information otherwise unavailable.

Selected Abstracts of
Current Publications of Interest
to Workers with the Handicapped

The NATIONAL SOCIETY
for CRIPPLED CHILDREN *and Adults, Inc.*

11 SO. LA SALLE ST., CHICAGO 3, ILL.

The NATIONAL SOCIETY



for

CRIPPLED CHILDREN *and* ADULTS

Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

Direct services to improve the health, welfare, education, recreation and employment opportunities for the crippled, toward the goal of rehabilitation.

IMMEDIATE PROGRAM AND SERVICES

Services are determined by unmet needs, existing facilities, resources of the Society

and availability of trained personnel and include case finding, diagnostic clinics, medical care, physical, occupational, and speech therapy, treatment centers, rehabilitation centers and curative workshops, mobile clinics, special education, social service, psychological services, sheltered workshops and homebound employment, promotion of employment opportunities for the crippled, recreation, and provision of equipment and prosthetic devices.

The National headquarters provides professional consultation in program planning and community organization to state and local member societies. It maintains liaison with medical specialty groups, offers legislative guidance, a nationwide lending library devoted to literature on handicapping conditions, and a free national personnel registry and employment service which recruits and refers professional workers. It also has an active program of professional education, including scholarships and fellowships, summer workshops for training of professional personnel, exhibits at professional meetings and the publication and distribution of printed materials.

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ANNOUNCEMENT

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REHABILITATION LITERATURE is compiled and published monthly by the Library of the National Society for Crippled Children and Adults.

REHABILITATION LITERATURE indexes and abstracts books, pamphlets, and periodical articles on all phases of rehabilitation as relating to the care, welfare, education, and employment of handicapped children and adults.

REHABILITATION LITERATURE serves as a monthly supplement to the reference book *Rehabilitation Literature 1950-1955*, compiled by Graham and Mullen, published in 1956 by the Blakiston Division of McGraw-Hill, New York.

REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

The National Library on Rehabilitation

As a specialized library, the Library of the Easter Seal Society is the most complete in the world. The Library currently receives over 600 periodicals and contains approximately 2000 books and 35,000 reprints and pamphlets. Earl C. Graham is Chief Librarian and Marjorie M. Mullen is Assistant Librarian.

The services of the Library include:

1. Publication of REHABILITATION LITERATURE.
2. Compilation and free distribution of bibliographies and reading lists.
3. Free literature packets sent on request for information about the handicapped.
4. A reference and research service.
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The Library serves:

1. Professional and volunteer workers.
2. The handicapped, their families and friends.
3. Educational institutions and libraries.
4. Health and welfare agencies, both voluntary and governmental.

Just
Published

Presenting in one alphabetical listing by
subject, the references published from
January 1950 through December 1955—

Rehabilitation Literature 1950-1955

by EARL C. GRAHAM, Librarian

and MARJORIE M. MULLEN, Assistant Librarian
National Society for Crippled Children and Adults

HERE, in one all-inclusive, new rehabilitation bibliography, two skilled librarians index and annotate 5,214 periodical articles, pamphlets, and books relating to the medical care, education, employment, welfare, and psychology of handicapped children and adults. Included in one alphabetical listing by subject, are the references published in the six-year period from January, 1950, through December, 1955.

Brought together in this one volume are references both to different professional specialty areas and to rehabilitation in various disability areas. Thus, the book has entries under such diverse subjects as audiometric tests, cerebral palsy, nursery schools, brain injuries, psychotherapy, paraplegia, religion. All types of disabilities are covered in this volume including disorders of sight and hearing and orthopedic handicaps.

➔ **COMMENTS on Rehabilitation Literature 1950-1955 from
recognized authorities in various fields of rehabilitation.**

LEONARD W. MAYO, Sc.D., Association for the Aid of Crippled Children—"... all the professions and disciplines identified with rehabilitation will find this publication indispensable."

FRANCIS E. LORD, Ph.D., Past President, International Council for Exceptional Children—"... an answer to the troublesome problem of locating the significant literature in professional problems."

FRANK H. KRUSEN, M.D., Mayo Foundation—"... should be on the desk of every rehabilitation worker."

MARY E. SWITZER, Director, U.S. Office of Vocational Rehabilitation—"... an important national service to everyone who works with the disabled."

HOWARD A. RUSK, M.D., Institute of Physical Medicine and Rehabilitation—"This new bibliography should be an invaluable aid to every serious worker in the field of services to the handicapped."

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MEYER A. PERLSTEIN, M.D., Past President, American Academy for Cerebral Palsy—"It is the most comprehensive list of carefully selected items in the literature."

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DELYTE W. MORRIS, Ph.D., President, Southern Illinois University—"A timesaver for the professional worker."

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WILLIAM M. CRUICKSHANK, Ph.D., Director, Education for Exceptional Children, School of Education, Syracuse University—"... should appear in the libraries of all professional workers."

HELEN S. WILLARD, Director, Philadelphia School of Occupational Therapy, University of Pennsylvania—"... a most valuable reference source."

LUCILLE DANIELS, R.P.T., M.A., Director, Division of Physical Therapy, Stanford University—"... valuable to teachers, students and workers in all of the widespread areas of rehabilitation."

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- physicians • occupational therapists
- physical therapists
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- psychologists • employment personnel • social workers • nurses • welfare workers • school administrators
- teachers of exceptional children • vocational counselors • vocational rehabilitation personnel

REHABILITATION LITERATURE 1950-1955

GRAHAM and MULLEN



McGraw-Hill

REHABILITATION LITERATURE 1950-1955, 621 pages, 7 x 10, author and subject index, \$13.00

THE BLAKISTON DIVISION, McGRAW-HILL BOOK COMPANY, Inc., 330 W. 42 St., N.Y. 36, N.Y.

The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature 1950 - 1955, compiled by Graham and Mullen and published in 1956 by McGraw-Hill, New York.

New Additions to the Library's Periodical Collection

Anales de Rehabilitacion. Official organ of La Asociacion Latino-Americana de Rehabilitacion. Dr. Alfonso T. Zamundio, Director Editor, Hospital Infantil, Calle Dr. Norma, Mexico 7, D. F. March, 1958. v. 4, no. 1. Quarterly.

Cerebral Palsy Bulletin. Medical Advisory Committee of the National Spastics Society, 28 Fitzroy Square, London, W. 1, England. No. 1, 1958. Quarterly. 12s (approx. \$2.16) a year; 2s 6d (45¢) a copy.

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ACCIDENTS

840. Abse, David Wilfred (N. Carolina Memorial Hosp., Chapel Hill, N. C.)
The accident-prone individual. N. Carolina Med. J. May, 1958.
19:5:185-189.

Cites several studies of industrial accidents which have led to the realization that a high proportion of accidents is man-made; many are due to personal reactions to social situational factors which should be considered in investigations of self-generated accident proneness. Unresolved anxieties and guilts associated with problems in the past may unconsciously operate in the person to produce a self-generated accident proneness. Industrial physicians should be aware of these findings in their work to promote worker safety.

AMPUTATION--MICHIGAN

841. Dean, Carleton (920 Cherry St., Grand Rapids, Mich.)
Administrative phases of a child amputee program. Am. J. Public Health. June, 1958. 48:6:750-753.

Dr. Dean, Director of the Michigan Crippled Children Commission, emphasizes the highly specialized nature of services for child amputees, the current status of research in the U.S. in this field, and the necessity for a skilled professional "team" in the operation of such programs. He then

AMPUTATION--MICHIGAN (continued)

describes the organization of a child amputee center, its ideal location and staffing, types of services which should be made available, and the follow-up services providing supervision and guidance. The organizational pattern of the Michigan Crippled Children Commission's program is outlined. Information concerning the Area Amputee Center's training program for professional personnel is available from the above address.

AMPUTATION--EQUIPMENT

842. Hoog, Josef (U.S. Public Health Serv. Hosp., New Orleans, La.)

An experimental below-the-knee prosthesis. Phys. Therapy Rev. May, 1958. 38:5:326-330.

Describes the construction of an experimental training prosthesis for the below-knee amputee incorporating an ankle joint and a foot piece and needing no suspensory devices. It was felt that the development of a simple inexpensive training prosthesis, constructed at the hospital, would speed up the rehabilitation process. In addition to the above features, the prosthesis as designed also included an airtight bucket maintained by a pressure cuff. The case history of a below-knee amputee who used the prosthesis successfully in training is included.

843. MacDonell, James A. (50 College Ave., S.E., Grand Rapids 3, Mich.)

Age of fitting upper-extremity prostheses in children; a clinical study. J. Bone and Joint Surg. June, 1958. 40-A:3:655-662.

A report on a clinical experiment conducted at the Area Amputee Clinic of the Michigan Crippled Children Commission to determine at what age children may be fitted satisfactorily with an upper-extremity prosthesis. Subjects of the study were 12 juvenile amputees varying in age from 5 months to 4 years; 9 were congenital amputees and 3 traumatic. The group presented 14 involved extremities. Factors studied were those involved in prosthesis acceptance, tolerance, development of two-arm functional patterns, and the optimum age for conversion from the temporary prosthesis to one with an actively controlled terminal device. It is believed that prosthetic tolerance can be obtained in children as young as 5 months; in the very young (under 12 months) any type of passive terminal device can be used. The plastic mitten type seemed to fulfill requirements best in this experiment. Parental acceptance was found to be excellent. Purposeful grasp and release by means of the active terminal device can seldom be developed under 2 years of age. Psychological effects of early prosthetic fitting could not be evaluated in the present experiment.

APHASIA--BIBLIOGRAPHY

844. National Society for Crippled Children and Adults

Selected references on the rehabilitation of the adult aphasic, annotated; comp. by the Library. Chicago, The Society, 1958. 8 p. Mimeo.

A subject bibliography of selected references previously indexed and abstracted in Rehabilitation Literature, the monthly bibliography compiled by the Library. Entries cover general bibliographies, periodical articles, books, and pamphlets, the majority of which have been published between 1950-1958. 35 references. (See #884, Rehab. Lit., this issue.)

Single copies available free from the Library, Natl. Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill.

ARTHRITIS--CANADA

845. Gofton, J. P. (Canadian Arthritis and Rheumatism Soc., British Columbia Div., 900 W. 27th Ave., Vancouver 9, B.C., Canada)
Rehabilitation in arthritic diseases. Annals Rheumatic Diseases. Dec., 1957. 16:4:456-459. Reprint.

A report of a statistical survey of 2 years' work by the British Columbia Division of the Canadian Arthritis and Rheumatism Society, a voluntary health agency engaged in providing rehabilitation services to patients in the province of British Columbia. Rehabilitation facilities and services of the Division are described briefly. Data cover case distribution and diagnoses by age groups, results of treatment, duration of treatment of active cases, place of treatment, and, in an appendix, a chart of categories of functional capacity, useful in assessing disability and prognosis for employment.

ARTHRITIS--ETIOLOGY

846. King, Stanley H. (Grad. School of Public Health, Univ. of Pittsburgh, Pittsburgh, Pa.)

Psychosocial factors in the epidemiology of rheumatoid arthritis, by Stanley H. King and Sidney Cobb. J. Chronic Diseases. June, 1958. 7:6:466-475.

A further report of research conducted during the Pittsburgh Arthritis Study under a grant from the Natl. Institute of Arthritis and Metabolic Diseases and from the Russell Sage Foundation. The present article describes an investigation utilizing a population study based on random sampling procedures, making it possible to compare those with and without rheumatoid arthritis. A sample of 1,323 persons was interviewed in regard to a history of arthritic symptoms and the occurrence of certain social factors. Low income, low education, and termination of marriage were found to be associated with higher prevalence on the index of men. In women, low education, having 4 or more children, reporting no spare time in the third decade of life, and worrying more than other people were associated with higher prevalence of rheumatoid arthritis. The authors interpret the social factors as stresses which can lead to strain within the organism, in this case, rheumatoid arthritis. More research is necessary to prove this interpretation correct. The authors claim only to have demonstrated certain associations between an Index of Rheumatoid Arthritis and the occurrence of certain social factors.

ARTHRITIS--MEDICAL TREATMENT

847. Storey, Geoffrey (Hackney Hospital, London, England)

Changes in the cervical spine in rheumatoid arthritis with compression of the cord, with reports of four cases. Annals Phys. Med. May, 1958. 4:6:216-218.

A review of 4 cases of rheumatoid arthritis where changes in the cervical spine had produced neurological signs by pressure on the cord. Death resulted in one case. Erosive changes, marked in 2 cases, appeared to have been responsible for subluxation of the vertebra. Manipulation of the cervical spine in rheumatoid arthritis should never be attempted, the writer believes. Changes in the cervical spine in these cases appeared to be due to rheumatoid arthritis diagnosed clinically as a severe type of long duration. Severe paraplegia resulted in two cases.

AUDIOMETRIC TESTS

848. Ruhm, Howard B. (1119 Washington St., Evanston, Ill.)

Objective speech audiometry; a new method based on electrodermal response, by Howard B. Ruhm and Raymond Carhart. J. Speech and Hear. Research. June, 1958. 1:2:169-178.

Describes procedures of an effective technique for measuring the speech reception threshold by means of electrodermal response. Basic feature of the technique is the use of electric shock to "condition" the electrodermal response to a single speech item, the key stimulus. The key stimulus is interspersed with other speech stimuli at random; when properly "conditioned," a strong electrodermal response occurs when the key stimulus is heard. Findings revealed the method proved to be highly valid when evaluated on 20 normal hearing subjects and 20 subjects with moderate conductive losses. This technique of objective speech audiometry is limited, however, to those with sufficient linguistic skill and maturity to achieve perceptual differentiation between speech stimuli. The criterion of validity was agreement between voluntary and electrodermal thresholds obtained from the subjects in a clinical experiment. Equipment and procedures used in the experiment are described.

BACKACHE

849. Wieder, Henry S., Jr. (330 S. 9th St., Philadelphia 7, Pa.)

Management of back injuries. Phys. Therapy Rev. July, 1958. 38:7:475-481.

As an aid to diagnosis, a classification of back injuries covering most of the more commonly seen conditions is given. Treatment of the various types of back injuries listed is discussed in some detail, including routine measures and other therapy. Instructions for exercises, posture, and body mechanics in extension injuries and flexion injuries of the back are given in brief form. For a detailed description of these exercises, see the article by Eugene Michels in the March, 1957, issue of Phys. Therapy Rev., p. 139.

BLIND--MENTAL HYGIENE

See 943.

BLIND--SPECIAL EDUCATION

See 944.

CANCER

850. Davis, Arthur H. (710 Med. Arts Bldg., Tulsa 3, Okla.)

Cancer of the larynx. J. Okla. Med. Assn. Oct. & Nov., 1957. 50:10 & 11. 2 pts. Reprint.

A paper intended for the general practitioner, to acquaint him with the general knowledge of carcinoma of the larynx and its management. Information is based on a comprehensive review and analysis of the literature for the period from 1945 through June, 1955; a representative number of earlier basic reports is reviewed as well. A series of 16 patients who came under the author's observation provided additional data. 48 references included.

CEREBRAL PALSY

851. Arnott, D. G.

Cerebral palsy. Annals Phys. Med. May, 1958. 4:6:219-236.

A thoughtful review of the current knowledge of cerebral palsy and its treatment. The majority of bibliographic references are from the British literature published in the period between 1950 and 1958. Incidence, etiology, pathology, diagnosis, mental and physical evaluation, aims and methods of treatment, and the role of physical medicine in the total program for habilitation are discussed in some detail. Educational and social problems in cerebral palsy are mentioned briefly.

852. Bowley, Agatha H. (Centre for Spastic Children, Cheyne Walk, London, England)

The psychological and educational needs of cerebral palsied children. Spastics' Quart. June, 1958. 7:2:4-10.

In same issue: The early training of the young cerebral palsied child, Elizabeth Pratt, p. 10-13. -Cerebral palsy; the parent's view, John H. Boydell, p. 13-18.

The author, clinical psychologist at the Cheyne Centre for Spastic Children, discusses the assessment and diagnosis of cerebral palsied children under the age of 7. Observations of the comprehensive team of specialists administering services at the Centre lead to some tentative recommendations on how to work with cerebral palsied children of this age group and their parents. Educational, social, and emotional problems are discussed briefly from the viewpoint of the staff's experience.

Miss Pratt, a physical therapist, discusses early care and management of the cerebral palsied baby--what the therapist and parents can do to aid in as nearly normal development as possible.

Mr. Boydell's article is the second in a series planned for parents; the first which appeared in the March, 1958 issue of Spastics' Quarterly (7:1) was concerned with fundamental problems of the parents and the cerebral palsied baby. The current article considers needs of the developing child and his parents, parents' reactions to physical limitations of the child, and the child's need for companionship outside the family circle. The value of nursery schools, parents' reactions to possible mental retardation in the child, and a more flexible administrative approach to educational problems of the cerebral palsied child are mentioned.

See also 945; 946.

CEREBRAL PALSY--BIOGRAPHY

See 889.

CEREBRAL PALSY--ETIOLOGY

853. Little, W. J.

On the influence of abnormal parturition, difficult labours, premature birth, and asphyxia neonatorum, on the mental and physical condition of the child, especially in relation to deformities. Cerebral Palsy Bul. 1958. 1:5-36.

In same issue: William John Little, 1810-94; a brief biography, W. J. Bishop, p. 3-4.

Article by W. J. Little reprinted from: Trans. Obstet. Soc., London, 1861-62. 3:293-

CEREBRAL PALSY--ETIOLOGY (continued)

The first of a series of bulletins which the National Spastics Society, a voluntary association of parents and friends of the cerebral palsied in Great Britain, plans to publish under the general direction of its Medical Advisory Committee to stimulate interest in the scientific and clinical aspects of the various forms of cerebral palsy. (See announcement on page 1 of this issue of Rehab. Lit.) This issue is devoted to a brief biography of Dr. William J. Little and the complete reprinting of his original article which initiated scientific interest in the subject of cerebral palsy. Dr. Little's article contains, in addition to a review of the literature up to his time, his observations and an appendix analyzing 47 case histories, all of which gave evidence of abnormal circumstances connected with birth of the child.

CEREBRAL PALSY--INSTITUTIONS

See 860.

CEREBRAL PALSY--MEDICAL TREATMENT

854. Rudolph, Herman L. (400 North 5th St., Reading, Pa.)

Cerebral palsy; the role of the family physician. Pa. Med. J. June, 1958. 61:6:745-747. Reprint.

Diagnostic features of cerebral palsy are discussed for the family physician who may not be familiar with the specific physical and mental developmental retardations which the cerebral palsied present in infancy. Diagnosis is possible in most children by the age of 6 months and in almost all cerebral palsied children by one year. Early recognition of the condition should suggest the possibility of brain damage; it is the family physician's responsibility to refer the parents to specialists in the care and treatment of cerebral palsy. Various developmental abnormalities in infancy are discussed briefly.

CEREBRAL PALSY--PHYSICAL THERAPY

855. Blumenthal, Edna M. (N. Carolina Cerebral Palsy Hosp., Durham, N.C.)

A cerebral palsied infant under treatment, by Edna M. Blumenthal and Katherine M. Banham. Phys. Therapy Rev. May, 1958. 38:5:323-326. Reprint.

A detailed case history of a cerebral palsied infant with left spastic hemiplegia is presented to illustrate the definite benefits to be obtained by early physical therapy in the preambulatory period. At one year the child could not stand, walk or feed herself. A short leg brace and a molded thumb splint were prescribed in addition to left tendo-achilles stretching and hand work in physical therapy. It is felt that such treatment prevents contractures, promotes psychological and physical awareness of correct joint position and motion, and prepares the infant for voluntary functional use as the child matures. It is hoped that impairment of form sense and two-point discrimination can be considerably reduced by early treatment of the cerebral palsied infant with spastic hemiplegia. Psychological benefits for both the parents and the child are discussed briefly.

CEREBRAL PALSY--PROGRAMS

856. Deaver, George G. (111 E. 76th St., New York 21, N.Y.)

Meeting social, psychological and vocational problems vital in making the cerebral palsied an economic asset. Crippled Child. June, 1958. 36:1:8.

The Director of Children's Services at the Institute of Physical Medicine and Rehabilitation, New York City, briefly reviews here 10 years of progress in cerebral palsy research. The greatest need in a rehabilitation program for the cerebral palsied, he believes, is for more attention to their social, psychological, and vocational needs. Many will never be able to find employment in competitive situations; sheltered workshops and residential care should be provided to meet the needs of the majority.

CEREBRAL PALSY--RESEARCH

857. U.S. National Institute of Neurological Diseases and Blindness.

The research attack against cerebral palsy. Washington, D.C., Gov't. Print. Off., 1958. 20 p. illus. (Public Health Serv. publ. no. 552)

Published in answer to the many requests for information concerning the Institute's research program in cerebral palsy, this pamphlet describes briefly the growth and development of the Institute's program, its relationship to voluntary health organizations also interested in promoting research, the nature of cerebral palsy, and problems in this field currently being investigated. It is hoped that broad-scale investigation will lead to new treatment techniques, new leads as to the nature and cause of cerebral palsy, new diagnostic methods, and preventive measures.

Available from U.S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 20¢ a copy.

CEREBRAL PALSY--SPECIAL EDUCATION

858. Collis, Eirene (Cerebral Palsy Clinic, Queen Mary's Hosp. for Children, Carshalton, Surrey, England)

The physical side of cerebral palsy in schools. Special Education. May, 1958. 47:3:18-20.

Because of the cerebral palsied child's abnormal voluntary movements, he is assigned to a school for the physically handicapped. Too often teachers tend to forget the fact that such defects stem not from physical causes but from defect in the central nervous system. Mrs. Collis, who pioneered in work for the cerebral palsied in England, believes that proper management of the child through all phases of his development, in the sequence of normal development, can result in children trained to use intelligently what ability they have. Useful habit patterns can be acquired if the child is taught to make the best use of his nervous apparatus.

CEREBRAL PALSY--SPEECH CORRECTION

859. Oza, Ramesh K.

Guidance for parents and therapists in the development of speech in cerebral palsied and other children with speech difficulties. Bombay, India, All India Occupational Therapists' Assn., 1958. 25 p. illus.

In English and Hindi.

CEREBRAL PALSY--SPEECH CORRECTION (continued)

Because of the lack of qualified speech therapists in India, it was felt that such a pamphlet would be of value to parents, therapists, doctors and others working with the handicapped. Consisting mainly of charts based on that published by the National Society for Crippled Children and Adults titled "Feeding; a self-help activity for the cerebral palsied child," the publication also contains a page of suggestions for parents, one for therapists, and one of general information on developing control over speech muscles. Coordination of feeding and the speech program is emphasized.

Available from All India Occupational Therapists' Assn., The Amerind, 15th Road, Bombay 21, India.

See also 873.

CEREBRAL PALSY--STUDY UNITS AND COURSES

860. Schleickorn, Jay

In-service training; a report of two programs conducted at Willowbrook State School and Letchworth Village, New York. New York, UCPA of New York State, 1958. 29 p. Mimeo.

An interesting report illustrating how public facilities and voluntary health agencies can work together cooperatively to improve community resources for adults and children with physical handicaps. The in-service training programs were planned to give personnel working in the rehabilitation unit of the public institution instruction in the proper therapeutic techniques employed in the rehabilitation of neuromuscular disabilities. Emphasis was on "maintenance therapy" for children who had received treatment prior to institutionalization. The training program built around the disability of cerebral palsy is outlined, with recommendations for improving services included. Results of the initial experiments have proved that such services provided by voluntary agencies to public institutions can be of great benefit.

Available from United Cerebral Palsy Associations of New York State, 220 W. 42nd St., New York 36, N. Y., at 50¢ a copy.

CHILDREN'S HOSPITALS

861. Gellert, Elizabeth (Dept. of Psychiatry, Massachusetts Gen. Hosp., Fruit St., Boston 14, Mass.)

Reducing the emotional stresses of hospitalization for children. Am. J. Occupational Ther. May-June, 1958. 12:3:125-129, 155.

Common sources of emotional stress for the hospitalized child and ways of dealing effectively with them in order to reduce their impact are discussed. Lack of trained staff, time, and finances often limits efforts to provide the optimum in physical and psychological care necessary to the emotional well-being of the child. Collaboration between pediatric staff members can result in the limiting of adverse effects of hospitalization.

CLEFT PALATE

862. Bajpai, P. C. (Children's Hospital, Medical College, Lucknow, India)

Micrognathia with cleft palate: Pierre Robin syndrome, by P. C. Bajpai and S. K. Dikshit. Indian J. Child Health. May, 1958. 7:5:320-323.

CLEFT PALATE (continued)

Feeding difficulties in the child with cleft palate are further accentuated by the presence of micrognathia and its consequent poor development of tongue musculature. The writers present a case history to aid in diagnosis of the condition and to review the medical management of such children. Surgery for closure of the cleft palate should be performed as soon as the child is physically fit for such treatment. Where the mandible recedes more than 1 cm. as compared to maxillae, prognosis is poor and these children rarely reach the age of 2 years, even with careful management. It is suggested that mechanical appliances be used, at least in the initial stages, to keep the jaw pushed forward.

CLEFT PALATE--MENTAL HYGIENE

863. Tisza, Veronica B. (20 Ash St., Boston 11, Mass.)

Psychiatric observations of children with cleft palate, by Veronica B. Tisza (and others). Am. J. Orthopsychiatry. Apr., 1958. 28:2:416-423.

A description of preliminary observations made during psychiatric evaluation of children born with oral-facial deformities and the child-parent relationships. Subjects were preschool children and those in the early grades who were under treatment at the Cleft Palate Institute of Tufts University School of Dental Medicine, which offers comprehensive services by pediatric, surgical and dental specialists, speech therapists, and a child psychiatry team. A case history illustrates the many characteristics observed in the group of children evaluated. Some insight was gained of the mothers' reactions to children's deformity but interpretation of the observations was not attempted since the information was limited. A research Developmental Clinic has been established at the Institute for the longitudinal study of the mother-child unit from birth of the child onward.

CLINICS (ITINERANT)

864. Horvath, Julius (1523A S. Compton St., St. Louis, Mo.)

Development of a new service in a muscular dystrophy clinic, by Julius Horvath and Otakar Machek. Phys. Therapy Rev. July, 1958. 38:7:473-474.

Describes briefly a home care program for muscular dystrophy patients, financed by the St. Louis chapter of the Muscular Dystrophy Association at the St. Louis University Muscular Dystrophy Clinic. The physical therapy portion of this program is also utilized by Washington University for its Muscular Dystrophy Clinic. Although there is no specific treatment as yet for the disease, a regime of exercise helps to prevent or diminish deformity; the psychological benefits of the program both for the parents and the patient are of great value.

CONVALESCENCE--INSTITUTIONS

865. Brown, Fred R. (Div. of Program Research, Off. of the Social Security Commissioner, Washington 25, D.C.)

Nursing homes; public and private financing of care today. Soc. Security Bul. May, 1958. 21:5:3-8.

CONVALESCENCE--INSTITUTIONS (continued)

A review of developments in the financing of nursing-home care and the current status of certain government and private programs for this purpose. The growing significance of nursing homes as medical-care facilities and the need to improve and expand such services are only too apparent. Public assistance programs and voluntary insurance as sources for the financing of nursing home care are discussed in some detail.

DEAF

866. John Tracy Clinic (806 W. Adams Blvd., Los Angeles 7, Calif.)

Patterns of behavior in children with auditory disorders; Edgar L. Lowell, principal investigator. Los Angeles, The Clinic, 1958. 45 p. tabs. (...research papers VI; Studies in audition and communication of young children, 1)

A preliminary report of research in the early stages of a project which promises to be long-term and difficult; its purpose is to evaluate children with communication disorders in order to differentiate reliably between the typical deaf child (where damage is assumed to be restricted to the peripheral organ) and the atypical child (assumed to be suffering from damage in the subcortical and/or cortical centers of hearing). Findings of this study revealed that the two groups, constructed on the basis of clinical judgment, behaved in significantly different ways when assessed independently. Observations were based on audiologic testing, on systematic behavior, social participation, communication, and interaction among children,, psychological testing, parent interviews, teachers' reports on children's adjustment in the nursery schools and in individual tutorial situations, and on complete medical reports on a selected number of children in the study. Subjects were 27 preschool children attending the John Tracy Clinic. The appendixes contain forms for use in parent interviews, tutors' and nursery school teachers' reporting forms, a scale for rating expressive communication behavior, and brief reports of techniques used in the research. (For other reports in the research series, see Rehab. Lit., May 1958, #477.)

See also 947.

DEAF--BIBLIOGRAPHY

See 938.

DEAF--PARENT EDUCATION

867. Conference of Executives of American Schools for the Deaf

Information for parents of deaf children. Washington, D.C., Am. Annals of the Deaf, 1958. Miscellaneous papers. (Folder no. 2, 1958)

The first parent information packet was issued by the Conference of Executives of American Schools for the Deaf in 1957; many schools have purchased the packet for distribution to parents of children enrolled in their institutions. Material includes a reprint by Leroy D. Hedges ("Speech and hearing problems of the young deaf child," Am. Annals of the Deaf, Nov., 1955); a pamphlet by Powrie V. Doctor ("A deaf boy grows up in the U.S.A.," Bul., Gallaudet College, Apr., 1958. 7:2); and a reprint by Harry W. Reid and Florence A. Waters ("Vocational education in residential schools for the deaf," Palmetto Leaf, S.C. School for the

DEAF--PARENT EDUCATION (continued)

Deaf, Feb., 1958). A brief educational definition of the deaf and hard of hearing, as adopted by the Conference in 1937, is printed on the folder.

Available from American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at 50¢ each (less in quantity orders).

DEAF--SPECIAL EDUCATION

868. New York (City). Board of Education. Bureau of Educational Research

Studies of children with physical handicaps: V. The integration of deaf children in a hearing class; the second year...prepared by Joseph Justman and Sue Moskowitz. New York, The Bureau, 1957. 35 p. figs., tabs. (Publ. no. 38, Sept., 1957)

The latest in a series of studies of physically handicapped children, this publication is a continuation of "The Integration of Deaf Children in a Hearing Class," (see Rehab. Lit., Jan., 1958, #38) in which findings of the first year's study were reported. Both studies were conducted in New York City's Junior High School 47 (the School for the Deaf); acoustically handicapped children from this school were placed in a hearing class at a nearby elementary school for a part of the school day. In the second year's experiment 6 of the 10 subjects were experiencing a second year of integration, the remainder being new to the study. Special tutoring by a teacher of the deaf was carried on during the period of integration. Attention was focused on social adjustment in the classroom. Procedures used in obtaining data are described and findings discussed in detail. A sharp rise in communication between deaf and hearing children was strikingly evident in those deaf children participating for the second year. Recommendations are for the continuation of the program with continuing assistance given in the integrated school by a teacher from the School for the Deaf.

Available from Bureau of Educational Research, Board of Education of the City of New York, 110 Livingston St., Brooklyn 1, N.Y. Four previous monographs of the Bureau (also listed in the Rehab. Lit. reference above) are also available.

869. Stahlem, Evelyn M. (Mary E. Bennett School, 166 S. Burlington Ave., Los Angeles 57, Calif.)

Major problems in the instruction of the deaf. Volta Rev. June, 1958. 60:6:248-251, 279.

The Principal of the Mary E. Bennett School in Los Angeles, a public day school facility for the deaf, has selected four problems which concern the administrator: 1) proper and adequate staffing of special classes and schools for the deaf, 2) specialization (broader and more individualized programs of education, taking into account the nature of the deafness), 3) planning according to long-term and daily goals, and 4) what to teach and the methods best suited to the deaf child's problems.

DEAF--SPECIAL EDUCATION--EUROPE

870. Jones, Lilian Grosvenor

Education of the deaf behind the Iron Curtain; Czechoslovakia, U.S.S.R., Poland and Jugoslavia. Volta Rev. Apr., May, & June, 1958. 60:4, 5 & 6. 3 pts.

DEAF--SPECIAL EDUCATION--EUROPE (continued)

Mrs. Jones, who serves as secretary of the Alexander Graham Bell Association for the Deaf, had an opportunity to learn, while on a trip abroad in 1957, what teachers of the deaf in Communist countries think about the purely oral method of educating deaf children. It is her impression that education of the deaf in these countries is on a high level in spite of the lack of mechanical aids employed in the U.S.; professional personnel expressed great interest in the work being done in the U.S. and in possible exchanges of information and publications. The author, a granddaughter of Dr. Bell, has been intimately concerned with welfare of the deaf for many years.

DEAF--SPEECH CORRECTION

871. Plant, G. R. G.

Instrument to aid voice-training of profoundly deaf children. Lancet, May 24, 1958. 7030:1104-1105.

Describes a new voice-training instrument the principal purpose of which is to demonstrate to the profoundly deaf child the pitch of his voice while speaking. Previous visual pitch-indicating apparatus and their operating mechanisms are mentioned briefly; none has been considered sufficiently simple for general use with children at schools for the deaf. The prototype of the instrument described has been designed so that any part of the range of the human voice may be chosen; it may be used for men and women as well as children with highpitched voices.

DECUBITUS ULCERS

872. Hicks, Mary L. (V.A. Hospital, New York, N.Y.)

Two useful adjuncts to nursing care in the prevention and treatment of decubitus ulcers: 1. Alternating pressure pad, by Mary L. Hicks; 2. Plastic spray, by Ina June Cannell. Am. J. Nursing. July, 1958., 58:7: 1008-1010.

Use of the alternating pressure pad which provides regular, frequent, and automatic redistribution of pressure points on the body helps to maintain adequate circulation in pressure areas. Miss Hicks describes the equipment and its use, but stresses that use of the pad does not eliminate need for standard nursing techniques and procedures. The patient's position should be changed at least every four hours.

Miss Cannell reports on a study of the value of a plastic spray (Aeroplast) in the prevention and treatment of decubiti. Results of its use have been very good. Procedures for such therapy are described and its advantages compared with other methods of treatment of decubitus ulcers. Used as an adjunct with routine preventive nursing methods to relieve pressure and improve circulation, the method has proved less time-consuming and less expensive, in addition to being more comfortable for the patient.

DENTAL SERVICE

873. Kastein, Shulamith (Speech and Hearing Clinic, Columbia Presbyterian Med. Center, 620 W. 168th St., New York 32, N.Y.)

Oral, dental, and orthodontic problems of speech in cerebral palsy.

J. Dentistry for Children. 4th Quarter, 1957. 24:243-246. Reprint.

DENTAL SERVICE (continued)

In considering oral, dental and orthodontic problems affecting speech and its development in the cerebral palsied, it is necessary also to keep in mind other factors such as perception, intellect, emotional adjustment, and neuromotor functions which can hinder the development of speech. Early diagnosis and training, preventive as well as rehabilitative, can prevent the progression of severe disability. Causes of dysfunction in the cerebral palsied are discussed briefly.

DRUG THERAPY

874. DeJong, Russell N. (1313 E. Ann St., Ann Arbor, Mich.)

Newer drugs used in neurology. J. Mich. State Med. Soc. May, 1958. 57:5:722-728, 733. Reprint.

A discussion of ataractic or tranquilizing drugs, cerebral stimulants, muscle relaxants, drugs used in myasthenia gravis, epilepsy, and Parkinsonism, those used in the treatment of poisonings, and for anticoagulant therapy in cerebrovascular disease. All have recently been made available but are not too generally known as yet. Some comparison of the action of the newer drugs with better known ones is made. 29 references.

875. Vasuka, Francis A. (Temple Univ. School of Medicine, Philadelphia, Pa.)

Comparative effects of relaxant drugs on human skeletal muscle hyperactivity. Neurology. June, 1958. 8:6:446-454.

A report of clinical observations, motion picture photographic recordings, and electromyographic and myometric studies of 11 persons with neuromuscular disorders prior to, during, and following the oral administration of Robaxin, Equanil, and Flexin, drugs with muscle-relaxant properties. Alterations were noted on spasticity, ankle clonus, clonic extensor spasms, flexor spasms, and functional capacity as manifested in self-care and ambulation. Findings of the present study indicate that Equanil in the dosage indicated is more effective than the other 2 drugs as a muscle relaxant in humans. Robaxin, in the dosage indicated here, was found more effective in relieving muscle spasticity than Flexin.

EPILEPSY

876. Livingston, Samuel (Dept. of Pediatrics, Johns Hopkins Univ. School of Medicine, Baltimore 5, Md.)

Minor motor epilepsy; diagnosis, treatment, and prognosis, by Samuel Livingston, Victor Eisner, and Lydia Pauli. Pediatrics. June, 1958. 21:6:916-926.

Presents the author's experience with minor motor seizures as observed in 698 children seen at the Children's Epilepsy Clinic, Johns Hopkins Hospital. Diagnosis, treatment and prognosis are discussed. Of the original group 622 children were followed for intervals ranging from 3 to 22 years. Seizures were found to begin most often between 3 and 12 months of age and brain damage was prominent in the general clinical manifestations. Minor motor seizures were exceedingly difficult to control with anticonvulsant drugs; a ketogenic diet appears to be the most effective therapy. The most serious handicap in minor motor epilepsy is the associated mental retardation; therefore the principles of general care and management of the mentally retarded child apply in their treatment. Institutionalization is the only recourse in many instances but the decision must be made on an individual basis.

EPILEPSY--EMPLOYMENT

877. National Epilepsy League

Neurological disorders and industry; tapping a new source of manpower. Chicago, The League, 1958. 44 p.

Edited proceedings of the first Conference on Neurological Disorders in Industry, 1955.

An abridged and edited presentation of the proceedings of one of four major one-day Health-in-Industry Conferences conducted by the Chicago Association of Commerce and Industry during 1955, focusing public attention on the mental and physical problems occasioned by diseases among workers. Changes in the care and treatment of epilepsy brought about by medical progress make it possible for the epileptic to live a normal, productive life. Public education has not, however, kept pace with medical knowledge. This pamphlet discusses the extent of the problem of epilepsy and gives a brief explanation of other neurological disorders and their effect on the community, needed research, medical and social advances in epilepsy, employment policies in regard to the epileptic, and how industry can benefit from more enlightened hiring policies.

Available from National Epilepsy League, 208 North Wells St., Chicago 6, Ill.

EPILEPSY--MEDICAL TREATMENT

878. Hughes, James G. (848 Adams Ave., Memphis 3, Tenn.)

The treatment of the epileptic child, by James G. Hughes and J. T. Jabbour. J. Pediatrics. July, 1958. 53:1:66-88.

For successful modern management of the epileptic child, a comprehensive evaluation is essential. This article is limited to a discussion of children with recurrent true epileptic seizures. Drug therapy, its general rules, and the use of available drugs singly or in combination are stressed, according to various types of seizures. Other phases of treatment discussed more briefly are the prevention, detection, and correction of psychologic distortion, good general hygiene and diet, and, in selected cases, the surgical excision of epileptogenic focus. Proper indoctrination of both the parents and the child (when old enough to understand) in the need for continuous, careful medical supervision is one of the main responsibilities of the physician in treating the epileptic child.

EXERCISE

879. Hellebrandt, F. A. (RFD #3, Cable Lane, Athens, Ohio)

Methods of muscle training; the influence of pacing, by F. A. Hellebrandt and S. J. Houtz. Phys. Therapy Rev. May, 1958. 38:5:319-322. Reprint.

A report of experiments designed to test the efficacy of "pacing" (the systematic upgrading of the rate, rhythm or speed of movement) in muscle training. Since evidence already exists to prove that functional capacity of muscle increases when the cadence of a prescribed exercise is kept constant and the resistance is raised progressively, the results of pacing were compared to those from progressive resistance exercising. Using ergographic techniques already standardized, two series of brief training experiments were performed with six normal adult women. It was determined that pacing is as effective a method of muscle training as progressive resistance exercise.

EXERCISE (continued)

880. Kruse, Robert D. (Frank E. Bunts Educational Institute, Cleveland Clinic Foundation, 2050 E. 93rd St., Cleveland 6, Ohio)

Bilateral effects of unilateral exercise; experimental study based on 120 subjects, by Robert D. Kruse and Donald K. Mathews. Arch. Phys. Med. and Rehab. June, 1958. 39:6:371-376.

A report of an experimental investigation to test the bilateral effects of unilateral strength-building exercises on the elbow-flexor muscles. Normal male college students were divided into experimental and control groups; exercises were performed for a period of 4 weeks. Statistically significant increases in strength and endurance of the exercised elbow-flexor muscles were demonstrated in the groups exercising 3, 4, and 5 times a week. No statistically significant increases were observed in those exercising only twice a week, in the unexercised arms, or in either arm of persons in the control groups. As a result of the analysis, it was concluded that cross transfer of endurance from the exercised arm to the unexercised arm did not occur. Previous literature concerned with cross-transference of strength is reviewed briefly.

See also 912; 914.

HEART DISEASE

881. Lee, Philip R. (Palo Alto Med. Clinic, Palo Alto, Calif.)

Rehabilitation of the cardiac. Public Health Rep. June, 1958. 73:6:475-478.

Dr. Lee who is joint author of two recent books on cardiovascular rehabilitation (see Rehab. Lit., Apr. 1958, #437, and July, 1958, #831) sums up his philosophy on the subject, stressing its complex nature and the need for evaluation, treatment, and social planning on an individual basis. Medical, psychological, social, and vocational aspects must be considered to meet specific needs of the patient. Although many disciplines and individuals may be employed in the rehabilitation process, the patient should remain under the guidance of his personal physician from time of the initial illness until maximum rehabilitation has been achieved.

HEART DISEASE--STATISTICS

882. American Heart Association

Cardiovascular diseases in the U.S.; facts and figures. New York, The Assn., 1958. 15 p. tabs., graphs.

Because heart and circulatory diseases account for over 54% of all deaths in the United States, public concern has grown. This booklet was prepared to answer some questions most commonly asked in regard to cardiovascular statistics. Tables and graphs, with brief explanatory text, tell which of the cardiovascular diseases are most important as causes of death, age groups most affected, sex differences in death rates and changing trends in mortality rates from cardiovascular diseases over the past 50 years, and variations in mortality rates from these causes between countries and states. Data were compiled from information supplied by the National Office of Vital Statistics, the Bureau of the Census and the World Health Organization. No morbidity data are given because of a lack of nationwide data on incidence and prevalence of cardiovascular diseases.

Available from local Heart Associations or from the American Heart Assn., 44 E. 23rd St., New York 10, N.Y.

HEMIPLEGIA

883. Moskowitz, Eugene (220 N. Columbus Ave., Mt. Vernon, N.Y.)

Posthemiplegic reflex sympathetic dystrophy, by Eugene Moskowitz (and others). J. Am. Med. Assn. June 14, 1958. 167:7:836-838.

Six case histories illustrating posthemiplegic sympathetic dystrophy of the upper extremity are presented. This unusual complication may often prevent success in rehabilitation; early recognition and treatment are urged in order to prevent irreversible effects of the disability. Stellate ganglion blocks followed by vigorous physical therapy are an important diagnostic-therapeutic procedure in the early stages of this disability. Where repeated blocks have afforded temporary relief, the authors recommend high thoracic sympathectomy as the definitive treatment of choice. Symptoms referable to the shoulder, including pain and limitation of motion, were not affected favorably by either the blocks or the sympathectomy.

See also 942.

HEMIPLEGIA--BIBLIOGRAPHY

884. National Society for Crippled Children and Adults

Selected references on the rehabilitation of the adult hemiplegic,, annotated; comp. by the Library. Chicago, The Society, 1958. 14 p. Mimeo.

A special subject bibliography of selected references previously indexed and abstracted in Rehabilitation Literature, the monthly bibliography compiled by the Library. Entries cover general bibliographies, periodical articles, books, and pamphlets, the majority of which were published in the period from 1950 to date. 73 references. (See #844, Rehab. Lit., this issue.)

Single copies available free from the Library, Natl. Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill.

HEMIPLEGIA--BIOGRAPHY

885. Reisner, Walter L.

A stroke needn't strike you out. Chicago, Nat. Soc. for Crippled Children and Adults, 1958. 16 p. illus.

Reprinted from: Crippled Child. Apr. & June, 1958. 35:6: & 36:1.

The author, a successful businessman, suffered two strokes, a brain operation, and the loss of half his vision. After 9 years of rehabilitation, first at home and later at a rehabilitation center, he is able to move about at home with the aid of a cane and wheelchair, perform many of the daily living activities, and enjoy hobbies. This reprint describes practical solutions for a variety of problems which the hemiplegic must overcome. Nursing problems, equipment for the patient cared for at home, home aids, how to apply for services, and hobbies found enjoyable are discussed. Written as a manual for other persons who have suffered a stroke, this personal account of one man's comeback is inspirational.

Available from the National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill., at 25¢ a copy.

HEMIPLEGIA--NURSING CARE

886. U. S. Public Health Service

Striking back at stroke. Washington, D.C., Gov't Print. Off., 1958.
37 p. illus. (Public Health Serv. publ. no. 596).

Prepared as an aid for the physician who must show what can be done for the stroke patient at home to prevent, or keep to a minimum, the disability that frequently develops following a stroke. Mainly illustrations with explanatory text, the pamphlet explains briefly causes of strokes, the special care needed by the stroke patient, and how the family can make the patient more comfortable and aid in his recovery. Pictures illustrate how to adjust the bed for the patient's comfort and for easier nursing care, positioning the patient in bed, and exercises which will delay muscle wasting and prevent deformities. Specific instructions are given for both types of exercise--those administered to the patient and those which the patient performs himself, without aid. Instructions are included also for getting out of bed and for ambulation. Exercises should not be attempted, however, except under direction of the physician.

Available from U.S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 40¢ a copy.

HOMEBOUND--NEW YORK

887. Handicapped Children's Home Service, New York City (105 W. 55th St., New York 19, N. Y.)

Eighteen years of service, 1939-1957. New York, The Service, 1958.
52 p. illus., tabs.

Services of a non-profit volunteer agency providing constructive recreation for handicapped children in their own homes are described. Ways in which both the child and his parents are aided are discussed. Administration and history of the organization, training of volunteers, financing and publicity, and data on children served are covered. The appendix contains two case histories, syllabus of the volunteer training course, a list of referring agencies, and the financial report as of Sept., 1957.

HOSPITAL SCHOOLS

888. Beers, Nora (University Hospital, Univ. of Mich., Ann Arbor, Mich.)

The preschool blind child in the hospital. New Outlook for the Blind. June, 1958. 52:6:216-221.

Hospitalization for the preschool blind child can be an even greater traumatic experience than it is for the sighted child; the writer describes what the hospital teacher can do to meet the blind child's needs, providing toys and experiences to aid his physical and emotional development. Miss Beers has worked as a hospital teacher at University Hospital, Ann Arbor, for the past 3 years, teaching those with communicable diseases and serving as braille instructor for children and adults.

LARYNGECTOMY

See 850.

MARRIAGE

889. Graybill, Kent

I'm a lucky guy. Crippled Child. June, 1958. 36:1:4-7, 18-20.

A chapter from the author's book "It's good enough for me."

A personal account of the author's courtship and eventual marriage. Mr. Graybill, with a severe handicap diagnosed as quadriplegic tension athetosis, operates his own business and has recently written an autobiography. He was recently awarded the "Who's Crippled" award of the National Society for Crippled Children and Adults by the Washington State Society.

MENTAL DEFECTIVES

890. Ketcham, Warren A. (Dept. of Education, Univ. of Michigan, Ann Arbor, Mich.)

The growth and development of mentally retarded children. J. Mich. State Med. Soc. May, 1958. 57:5:734-737.

A summary of data collected during the first year of a longitudinal study of the growth and development of severely mentally retarded children. Subjects were 103 children attending the Coleman School in Detroit; all had been excluded from regular or special classes in their own school districts but were not so retarded that they required custodial institutional care. Over-all purpose of the study undertaken by the University of Michigan is to provide a basis for improving educational programs for Michigan's severely retarded children. While findings of the first year's study are not conclusive, continuing research promises more significant and useful results.

See also 860; 948.

MENTAL DEFECTIVES--OHIO

891. Haines, Robert A. (State Office Bldg., Columbus 16, Ohio)

The Director's letter: (Ohio's program for the retarded). Motive, Ohio Dept. of Mental Hygiene and Correction. June, 1958. 4:7:3-9.

The Director's letter, a monthly feature of Motive, is devoted in this issue to an address delivered at the annual convention of the Ohio Association for Retarded Children, describing in detail what the State is doing and plans to accomplish in the future for the retarded. Both institutional and non-institutional programs are discussed; community programs include work placement of former institutionalized patients, foster home care, guidance clinics, home visitation, and community classes for the retarded.

MENTAL DEFECTIVES--EMPLOYMENT

See 941.

MENTAL DEFECTIVES--ETIOLOGY

892. Meister, Alton (136 Harrison Ave., Boston 11, Mass.)

Phenylpyruvic oligophrenia. Pediatrics. June, 1958. 21:6:1021-1031.

In same issue: Chemical and clinical observations during treatment of children with phenylketonuria, Helen K. Berry (and others), p. 929-940.

MENTAL DEFECTIVES--ETIOLOGY (continued)

A discussion of biochemical phenomena associated with phenylpyruvic oligophrenia and the present status of knowledge of the intermediary metabolism of phenylalanine and tyrosine. The disease is an inherited one characterized by mental deficiency and urinary excretion of phenylpyruvic acid. Patients are unable to carry out a particular enzymatic step in the metabolism of phenylalanine. Studies thus far have dealt only with enzyme activity; available data do not indicate whether the enzyme is absent or present in an inactive state. 65 references included.

The second article presents three case histories of children between the ages of 2 1/2 and 4 1/2 who have been treated with three different diets low in content of phenylalanine. Biochemical abnormalities characteristic of phenylketonuria were improved when phenylalanine was restricted in the diets. Improvement in motor ability, increased awareness, lengthened attention span, decreased tenseness and irritability resulted. No change in mental status on objective testing was observed.

MENTAL DEFECTIVES--INSTITUTIONS

893. Stern, Edith M.

If your child needs a special school. Parents' Mag. July, 1958. 33:7: 40-41, 91-93.

Advice for parents of mentally retarded faced with the problem of education for their children. Mrs. Stern discusses types of schools available, information parents should seek when choosing a school facility, how to locate and judge schools best suited to the individual child's needs, and resources of aid to parents of the mentally retarded.

MENTAL DEFECTIVES--MENTAL HYGIENE

894. Woodward, Katharine F. (57 E. 90th St., New York 28, N.Y.)

Psychiatric study of mentally retarded children of preschool age; report on first and second years of a three-year project, by Katharine F. Woodward, Miriam G. Siegel, and Marjorie J. Eustis. Am. J. Orthopsychiatry. Apr., 1958. 28:2:376-393.

A report of an exploratory project being conducted in a children's psychiatric clinic, one of the pediatric services in a general hospital, to determine whether psychogenic factors are responsible for mental retardation and whether these children can be helped toward improved functioning. Observations on 9 children appeared to indicate that psychogenic factors intensified mental retardation sufficiently to instigate inhibition of mental growth. Children in whom psychotic features were less pronounced showed a more favorable response to the total program. Work with parents was of major significance in aiding the children. More intensive investigation of mental retardation at the preschool level might benefit both the child and parents in later life and appreciably reduce the population in institutions for the mentally defective.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

See 918.

MENTAL DEFECTIVES--RESEARCH

895. Johnstone Training and Research Center, Bordentown (N.J.)

The Johnstone Research Symposium in mental retardation; ed. by Leonard S. Blackman. Welfare Rep., N. J. State Dept. of Institutions and Agencies. July, 1958. 9:3:123-136.

In same issue: Current research, New Jersey Institutions and Agencies, p. 137-143.

Contains the edited addresses of five speakers at the formal dedication of the Johnstone Center, a State school with a research department functioning within the residential setting. Staff of the independent research department will eventually consist of 4 researchers in the behavioral sciences and 2 medical researchers.

Contents: Current research activities of the Training School at Vineland, Johs. Clausen. -The outline of a method to study the nature of parental attitudes towards handicapped children and their effects upon the child so handicapped, E. Donald Longenecker. -Mental disorders and mental deficiency; a look backward and a look forward, Erwin Friedman. -The mental retardation project, Teachers College, Columbia University, Godfrey D. Stevens. -Needed research in the education and training of the mentally handicapped, Maurice Fouracre.

The listing of current research projects in New Jersey, as compiled by the Bureau of Social Research, contains the titles, principal investigator, and locus of each of 101 projects, many of which are studies concerned with aspects of mental retardation.

MENTAL DEFECTIVES--SPECIAL EDUCATION

See 933.

MUSCULAR DYSTROPHY

896. Reynolds, R. J. S. (Queen Mary's Hosp. for Children, Carshalton, Eng.)

Muscular dystrophy. Physiotherapy. June, 1958. 44:6:164-167.

Describes clinical signs of muscular dystrophies of the Duchenne, fascioscapulohumeral, and Erb's type; main differences in the groups lie in the mode of their inheritance and in the rate of progress of the disease. Early-and late-stage treatment and the importance of maintaining the erect position of the spine in patients confined to a wheelchair are stressed; sequelae of lateral curvature of the spine are discussed briefly. Possible research approaches to the problem are suggested.

MUSCULAR DYSTROPHY--PROGRAMS

See 864.

MYOTONIA CONGENITA

897. Caughey, J. E. (Dept. of Neurology, Otago Med. School, Dunedin, New Zealand)

Relationship of dystrophia myotonica (myotonic dystrophy) and myotonia congenita (Thomsen's disease). Neurology. June, 1958. 8:6:469-476.

MYOTONIA CONGENITA (continued)

A brief review of the literature concerning the relationship, if any, between myotonia congenita and dystrophica myotonica. The author gives a detailed case history of a family in which two older members had dystrophica myotonica and a member of the second generation presented a picture of myotonia congenita with widespread muscle hypertrophy and widespread myotonia. Dr. Caughey suggests it would be more reasonable to assume that this family represents an intermediate form between the two recognized forms of myotonic dystrophy, with the variation likely to be determined genetically and to be peculiar to this particular family. Various signs and symptoms common to the two disorders are discussed.

NATIONAL HEALTH SURVEY--1956

898. U. S. Public Health Service

Origin and program of the U.S. National Health Survey; a description of the developments leading to enactment of the National Health Survey Act, and a statement of the policies and initial program of the Survey. Washington, D.C., The Service, 1958. 36 p. (Health statistics from the U.S. Natl. Health Survey, ser. A-1. Public Health Serv. publ. no. 584-A1)

In authorizing a continuing survey to produce statistics on disease, injury, impairment, disability, and related topics on a uniform basis for the United States, the Federal government recognized the value of such data in planning and evaluating all phases of public and private health work. Policies and organization of the Survey program, types of surveys envisioned, methods to be employed in gathering data, and the program's publication plans are discussed. The appendixes contain a report reviewing the needs for statistics on illness and the current and potential uses of morbidity statistics and related data, recommendations for collection of data, and a brief review of similar efforts in Canada, Denmark, and Great Britain.

Available from Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C., at 25¢ a copy.

NEUROLOGY

899. Ecker, Arthur (608 E. Genesee St., Syracuse 2, N.Y.)

Alcoholic gasserian injection for relief of tic douloureux, by Arthur Ecker and Theodore Perl. Neurology. June, 1958. 8:6:461-468.

Describes a modification of Penman's method of treating tic douloureux (see reference in bibliography of this article for Penman's description) by injecting the posterior root of the gasserian ganglion with alcohol. Preliminary radiographic study determines the entry point of the needle and the exact position of the head required. Accurate use of the technique described in detail has been effective in relieving tic douloureux in 45 patients over a period of 36 months. Illustrated.

900. Fischer, Ernst (Med. College of Virginia, Richmond 19, Va.)

Physiological basis of volitional movements. Phys. Therapy Rev. June, 1958. 38:6:405-412.

An examination of the literature in regard to theories concerning the physiological processes participating in volitional movements. Neurologists are discovering more clinical reasons to support the conception of

NEUROLOGY (continued)

functional unity of the pyramidal and extrapyramidal systems. 46
references included.

See also 874; 875; 912; 920.

NEUROLOGY--STUDY UNITS AND COURSES

See 949.

NURSING

901. Miller, Clara H. (Rancho Los Amigos Hospital, Downey, Calif.)

Rehabilitating patients with chronic disease, by Clara H. Miller and Evelyn M. Himil. Nursing Outlook. June, 1958. 6:6:324-325.

Rancho Los Amigos Hospital which began its existence as the County Poor Farm has, with changing times, become one of six hospitals for care of the indigent in the county. An active rehabilitation program for geriatric patients, employing many of the same techniques and procedures as those of the Post-Polio Respiratory Center at Rancho Los Amigos, is the result of a pilot project in 1952. Administration of the small rehabilitation service established in 1955 is discussed. Aims of the program are to halt progression of deformities and contracture, to carry out research, to educate the community to provide adequate facilities for such care, and to give in-service training to hospital personnel in the field of geriatric nursing.

NUTRITION

See 862.

OCCUPATIONAL THERAPY--BIBLIOGRAPHY

902. DuBois, Franklin S. (Box D, New Canaan, Conn.)

Review of psychiatric progress, 1957; rehabilitation and occupational therapy. Am. J. Psychiatry. Jan., 1958. 114:7:632-636. Reprint.

A review of pertinent literature during 1957 on the psychological aspects of occupational therapy and the application of psychological principles in the rehabilitation of the mentally ill and severely physically disabled. 77 references included.

OCCUPATIONAL THERAPY--EQUIPMENT

See 953.

OCCUPATIONAL THERAPY--PERSONNEL

903. Jones, Margaret L. (Illinois State Normal Univ., Normal, Ill.)

Developing composite criteria for the prediction of occupational therapy success, by Margaret L. Jones and Caroline G. Thompson. Am. J. Occupational Ther. May-June, 1958. 12:3:140-143.

The authors describe further efforts to test the validity of the Career Inventory, a carefully developed testing instrument to be used in the selection of students for occupational therapy training. A procedure which makes more sensitive use of Career Inventory scores is suggested as a result of this study and should be helpful to school administrators in aiding students to make the decisions about preparing for occupational therapy.

OCCUPATIONAL THERAPY--STUDY UNITS AND COURSES

See 949.

OLD AGE--MEDICAL TREATMENT

904. Ellis, Mackinnon (V. A. Hospital, Mountain Home, Tenn.)

The aging patient with chronic illness. Am. Arch. Rehab. Therapy. June, 1958. 6:2:66-70.

In same issue: History of domiciliary service and planned living for domiciliary members, T. J. Browning, p. 77-82.

Describes organization of a unit for long-term chronically ill aging patients in a Veterans Administration hospital, the problems peculiar to providing care for these patients and the value of physical medicine and rehabilitation services in the unit.

The article by T. J. Browning (V. A. Hosp., Mountain Home, Tenn.) reviews the history of domiciliary care, characteristics of domiciliary members at the Veterans Administration Hospital, Mountain Home, Tenn., admission standards, and the program of services planned for such persons. Rehabilitation aspects of the program are explained.

905. Newman, M. K. (16861 Wyoming Ave., Detroit 21, Mich.)

Rehabilitation medicine in geriatrics. J. Mich. State Med. Soc. June, 1958. 57:6:859-864.

Although the major geriatric diseases are, as a rule, incurable, many are remedial to a varying degree. Dr. Newman discusses common problems and technical procedures in geriatric rehabilitation, illustrated by rehabilitation programs in hypoxia, hemiplegia, and osteoarthritis, with special emphasis on the involvement of the hip joint. Factors limiting rehabilitation efforts in the older patient are mentioned, as well as the objectives of geriatric programs. Responsibilities of the family physician are defined.

See also 901.

ORTHOPEDICS

See 950.

PARALYSIS AGITANS--MEDICAL TREATMENT

906. Oliver, Leslie (West London Hospital, London, England)

The contributions of surgery to the treatment and understanding of Parkinsonism. Lancet. May 24, 1958. 7030:1121-1123.

Pallidectomy is recommended as the most promising advance in the treatment of Parkinsonism and the operation most generally applicable. It has a more lasting beneficial effect on rigidity and motor function than on tremor. Section of the lateral column is more effective in long-standing unilateral Parkinsonism in which tremor is the presenting symptom. However, the writer believes that unilateral pallidectomy should be tried first since patients may be satisfied with the results and damage to the pyramidal system is usually avoided. Other types of surgery tried in Parkinsonism are mentioned briefly.

PARAPLEGIA

See 847; 872; 940.

PARAPLEGIA--OCCUPATIONAL THERAPY

907. Lucci, Jennie Anne (1522 W. 145th St., Gardena, Calif.)

Daily living achievements of the adult traumatic quadriplegic. Am. J. Occupational Ther. May-June, 1958. 12:3:144-147, 160.

An abstract of a thesis for the M. A. degree, University of Southern California. Subjects of the study were adult hospitalized males with neurological lesion levels of cervicals 4, 5, 6, and 7; all lesions had been received through traumatic experience. Activities of daily living selected for study were those which fell within the scope of occupational therapy and the potential capabilities of the patient. An analysis of the data indicated independent performance was possible in some, but not all, activities. The use of assistive devices by quadriplegics permitted a greater degree of accomplishment in the activities surveyed but entailed outside assistance. Types of devices found helpful are discussed.

PARENT EDUCATION

908. Blodgett, Harriet, (4330 W. River Rd., Minneapolis 6, Minn.)

A keystone to rehabilitation. Crippled Child. Apr. & June, 1958. 35:6:& 36:1. 2 pts.

A child psychologist discusses problems which face parents of handicapped children and what those serving the handicapped can do to help parents understand their role in the total program of care and treatment. When mental retardation in the child complicates the problem, the psychologist or social worker has an even more difficult situation to resolve.

PARENT EDUCATION--BIBLIOGRAPHY

909. Child Study Association of America

Books about parents and their children; a classified cumulative booklist, compiled by Jean G. Rex with the Book Review Committee of the... New York, The Assn., c1958. 86 p.

Believed to be the only listing of its kind which includes books both for the layman and specialists working with families, practical guides as well as significant theory on childbirth, infant care, the child from nursery school age through adolescence, and on adult family life, this booklet also covers such related subjects as children's reading, recreation, education, delinquency, and special handicaps. Each of the nearly 400 titles has been annotated briefly and grouped under broad subject headings. Indexes by author and title and a publishers' directory increase the usefulness of the bibliography. Consisting mainly of books published within the past ten years which give insight on the development of the normal child within the normal family, the listing represents the choice of a group of professional persons from the fields of mental health, psychology, psychiatry, education, medicine and social work.

Available from Child Study Association of America, 132 E. 74th St., New York 21, N. Y., at 75¢ a copy (less in quantity orders).

PHYSICAL EDUCATION

910. Hazelton, Frank T. (Y.M.C.A., Cedar Rapids, Iowa)

A cooperative plan for a community treatment center. J. Assn. for Phys. and Mental Rehab. May-June, 1958. 12:3:83-85, 100.

PHYSICAL EDUCATION (continued)

A community rehabilitation facility cooperatively sponsored by the Cedar Rapids YMCA and the Linn County Society for Crippled Children, an Easter Seal agency, is providing services on a limited basis, centered around a swimming and group activities program. Development of the program, facilities, use of volunteer workers, administration, aims and objectives of the program are discussed. Conducted on an out-patient basis, the center has handled more than 200 different cases in the three years of its existence. Results have proved a program of this type is one possible answer to a small community's need for service.

PHYSICAL EDUCATION--STUDY UNITS AND COURSES

911. Muss, Israel (V.A. Hospital, Louisville, Ky.)

A proposed outline of a curriculum for student trainees in corrective therapy, by Israel Muss and Earl W. Mason. J. Assn. for Phys. and Mental Rehab. May-June, 1958. 12:3:88-90.

Recently the Veterans Administration has offered, through the affiliation of V. A. Hospitals and accredited colleges, training courses in physical, corrective, and occupational therapy. Student trainee programs are available to students at the graduate level. The outline presented here is a suggested curriculum for a 250-hour course conceived and generally executed in the general medical and surgical situation of the V. A. Hospital in Louisville, for training in corrective therapy. As planned, instruction covers orientation to the therapy program, remedial exercise techniques, progressive ambulation techniques, blind training, re-education of gait, activities of daily living, the neuropsychiatric treatment program, progressive relaxation, interpretation of diagnosis, prescription and writing of progress notes, and tests and measurements in corrective therapy.

PHYSICAL MEDICINE

912. Bassett, Sarah W. (Boston Dispensary Rehabilitation Institute, Boston, Mass.)

Use of cold applications in the management of spasticity; report of three cases, by Sarah W. Bassett and Barbara M. Lake. Phys. Therapy Rev. May, 1958. 38:5:333-334.

During a short period of study at the California Rehabilitation Center, Vallejo, in 1953, one of the co-authors observed the benefits from use of cold applications to reduce spasticity resulting from upper motor neuron lesions. The procedure has been found extremely helpful in controlling spasticity sufficiently to allow the patient to carry out exercise and self-care programs in a more active and functional manner. Techniques of application vary according to the extent of involvement, results from the initial phase of the treatment, and adaptation to the home therapy program. Three case histories illustrate use of the method on patients with neurological impairment and residual spasticity. The technique has been used to a lesser extent on patients with localized muscle spasm existing as the result of disease or trauma where heat had not been successful in alleviating the condition. Cold therapy is not, however, successful in all such cases; 30 per cent of patients derive little or no prolonged benefit from it.

PHYSICAL THERAPY

913. Readaptation. May, 1958. No. 50.

Title of issue: Les methodes de la reeducation fonctionnelle.

Contents: Principes de la reeducation motrice, R. Merle d'Aubigne. - Role et limites de la mecanotherapie active, J. -E. Lescoeur. -Role et limites de la mecanotherapie passive, R. Ottinger. -Role de la balneotherapie en rhumatologie, F. Costes and G. Illouz. -Role de la balneotherapie dans le traitement des paraplegies, Maury Boubée and M. Boubée. - Action de l'eau thermale, L. Baches. -Des effets de l'eau de mer en reeducation fonctionnelle, E. Saint-Martin. -Role de l'electro-radiotherapie dans la recuperation fonctionnelle, R. Brunet and A. Rescanieres. -Role et limites de l'ergotherapie en reeducation fonctionnelle, L. Pierquin and A. Roche.

This issue available from Readaptation, 10, rue de Sevres, Paris 7e, France, at 300 francs a copy.

PHYSICAL THERAPY--EQUIPMENT

914. Goodlife, Frank A. (Dept. of Orthopaedic Surgery, Univ. of Cape Town, Cape Town, S. Africa).

A device for exercising the leg muscles. S. African Med. J. May 3, 1958. 32:18:477-480.

Describes construction of a pedal mechanism with a visual indicator (for motivation of the child confined to bed) which is employed by the physical therapist to exercise the ankle in various planes of movement. Its use for more limited exercise of the muscles of the knee is mentioned. The pneumatic means of operation of the device is simple and light-weight. Illustrations included.

POLIOMYELITIS

See 928.

POLIOMYELITIS--MEDICAL TREATMENT

915. Schottstaedt, Edwin R. (Franklin Hosp., San Francisco 8, Calif.)

The surgical reconstruction of the upper extremity paralyzed by poliomyelitis, by Edwin R. Schottstaedt, Loren J. Larsen, and Frederic C. Bost. J. Bone and Joint Surg. June, 1958. 40-A:3:633-643.

Basic principles to be considered in surgical reconstruction of the paralyzed upper extremity in poliomyelitis are set forth as a guide for proper evaluation and an aid in securing optimum function by substitution. Fundamental kinetic problems are pointed out with suggestions for an intelligent approach to many of them. Specific surgical procedures within various categories of function to be restored are discussed, with several case histories illustrating results obtained.

POLIOMYELITIS--MENTAL HYGIENE

See 917.

PSYCHIATRY

916. Leiderman, Herbert (Massachusetts Gen. Hosp., Boston, Mass.)
Sensory deprivation; clinical aspects, by Herbert Leiderman (and others).
A.M.A. Arch. Intern. Med. Feb., 1958. 101:2:389-396. Reprint.
Sensory deprivation has only been explored experimentally within the past decade; a study conducted at McGill University in 1953 suggested that adequate sensory stimulation may play an important part in maintaining man's psychological relationship to his environment. Still another study indicated that mental abnormalities may be produced in many normal persons when they experience sensory deprivation. The present paper reports case histories illustrating applicability of the concept of sensory deprivation in clinical medicine. Patients observed exhibited mental abnormality during the course of severe illness; the authors demonstrated that sensory stimulation could relieve mental symptoms. Implications of the findings for general medicine and public health are discussed. Bibliography of 35 references.
917. Wexler, Donald (Psychiatry Service, South Dept., Boston City Hosp., Boston, Mass.)
Sensory deprivation; a technique for studying psychiatric aspects of stress, by Donald Wexler (and others). A.M.A. Arch. Neurol. & Psychiatry. Feb., 1958. 79:2:225-233. Reprint.
A report of an experimental study of sensory deprivation as a form of stress; 17 normal male volunteers were exposed to perceptual and sensory deprivation through use of a tank-type respirator up to 36 hours. Although wide variations were observed in individual responses, all subjects showed impaired ability to concentrate, distortions in time judgment, and degrees of anxiety. Findings of psychological tests were correlated with behavior during the experimental situation. Two case histories are given in detail.

See also 863; 894; 902; 943.

PSYCHOLOGICAL TESTS

918. Rosenblum, Sidney (Wayne County Training School, Northville, Mich.)
The performance of high-grade retarded, emotionally disturbed children on the Children's Manifest Anxiety Scale and Children's Anxiety Pictures, by Sidney Rosenblum and Roger J. Callahan. J. Clin. Psychology. July, 1958. 14:3:272-275. Reprint.
Interest in the possible usefulness of the Children's Manifest Anxiety Scale and the Children's Anxiety Pictures with populations other than normal school children led the authors to utilize these tests as part of a larger project to determine the effectiveness of tranquilizing medication as a therapeutic adjunct in treating high-grade retarded children. Subjects were 30 boys and girls in residence at Wayne County Training School, adjudged emotionally disturbed but free from neurological signs as determined by medical examination. Methods and data from the study are described; suggestive data indicates that the Children's Anxiety Pictures is a more useful and practical instrument to investigate so-called "manifest anxiety" in children of this type. Clinical evidence seemed to indicate this particular test was less threatening than the Children's Manifest Anxiety Scale when administered individually.

PSYCHOLOGICAL TESTS (continued)

See also 941.

PSYCHOLOGY

919. Association for the Aid of Crippled Children, New York City (345 E. 46th St., New York, N. Y.)

The place of persons with disabilities in our society; summary report of round tables held in preparation for annual meeting. New York, The Assn., 1957. 32 p.

Questions and topics considered by round-tables held prior to the 1957 annual meeting of the Association and papers presented at the annual meeting are summarized. All reports reflect a growing need for careful study of the home life of the disabled and the importance of providing services to meet individual family needs as related to community and cultural standards. Consideration was given the growth, development, and coordination of comprehensive rehabilitation services. More thought should be directed to over-all cultural values as they affect the disabled. The Association hopes to stimulate further discussion from a wider audience through the publication of this pamphlet and would appreciate comments on the questions raised here.

920. Ayres, A. Jean (4017 Palmyra Rd., Apt. 8, Los Angeles 8, Calif.)

The visual-motor function. Am. J. Occupational Ther. May-June, 1958. 12:3:130-138, 155-156.

Presents a theoretical discussion of visual-motor performance of the upper extremities and limitations in performance where brain damage exists. Steps involved in visual perception, factors influencing the organization of stimuli, and principles and procedures of training in visual-motor function are discussed. It is hypothesized that visual perception and probably perception of skilled movement involve a long slow learning process of establishing basic and integrating engrams. Miss Ayres applies theory constructively in showing how the handicapped child can benefit from such training. Offers a better understanding for the therapist of visual agnosia (loss of perception) and upper extremity apraxia (inability to make skilled purposeful movement).

See also 951.

RECREATION

921. Fairbank, Lucy F. (Ill. Dept. of Public Welfare, Springfield, Ill.)

Our responsibility in the rehabilitation process; how can the professional recreation leader help? Recreation. June, 1958. 51:6:202-203.

Recognizing the needs of handicapped individuals for organized recreational activities and social contacts, Miss Fairbank offers some suggestions for programs within the hospital which provide opportunity for improving interpersonal relations, for developing initiative and independence, for the release of tensions, and for acquiring interests which will carry over into more normal living. Professional leaders in recreation should also aid in planning community recreation programs for the handicapped.

REHABILITATION

See 952.

REHABILITATION--MASSACHUSETTS

922. Massachusetts, Department of Public Health

Helping the crippled and handicapped child. Commonwealth, Mass. Dept. of Public Health. Mar.-Apr., 1958. 6:2:1-24.

The entire issue is devoted to articles discussing programs and services offered to handicapped children in Massachusetts through the Department of Public Health's Crippled Children's Services and its Division of Maternal and Child Health Services.

Contents: Helping the crippled and handicapped child, John D. Noonan. - Seizure program, Division of Maternal and Child Health Services for Crippled Children, Janice Rafuse. - The hard of hearing and deaf child of preschool age.

REHABILITATION--POLAND

923. Hulek, Aleksander

Podstawowe wiadomosci z zakresu produktywizacji (rehabilitacji zawodowej) inwalidow. Warsaw, Poland, Ministerstwo Pracy i Opieki Spolecznej, 1957. 79 p.

A review of rehabilitation programs in Poland over the past ten years, the various therapies employed, and the treatment of various disabilities.

REHABILITATION--RHODE ISLAND

924. Farrell, John E. (106 Francis St., Providence 3, R.I.)

The crippled child and the Meeting Street School. R. I. Med. J. Apr., 1958. 41:4:196-197. Reprint.

Close liaison between Rhode Island physicians and the Rhode Island Society for Crippled Children and Adults has resulted in outstanding success for the Society's work in behalf of the handicapped. The writer, a board member of the Society as well as Executive Secretary of the Rhode Island Medical Society and Providence Medical Assn., describes how all phases of the program at the Meeting Street School, an Easter Seal facility, have been developed under constant medical supervision. Clinical reports issuing from the program, in addition to attracting world-wide interest, illustrate a successful approach to a major health problem and emphasize the value of cooperation between community groups and medical and allied professions.

REHABILITATION--ADMINISTRATION

925. Echternach, John L. (U.S. Public Health Serv. Hosp., Bethesda, Md.)

Problems of rehabilitation in a general hospital. Phys. Therapy Rev. June, 1958. 38:6:417-419.

Factors hindering the rehabilitation of severely disabled persons in the general hospital setting are considered; the author believes some of these problems can be handled directly while others will require a slow process of orientation and reeducation of staff personnel to modern concepts of patient care. Through advance planning and selling of the rehabilitation philosophy to personnel, the use of volunteers to free professional staff personnel for their specialized work, and interdepartmental cooperation, patients can be provided with the necessary care and individual attention for successful adjustment to their disabilities.

REHABILITATION--EQUIPMENT

See 953.

REHABILITATION--PERSONNEL

926. Brent, Sidney Z. (V.A. Hospital, Bronx 68, N.Y.)

The professional and the laity. Am. Arch. Rehab. Therapy. June, 1958. 6:2:50-51.

Misuse of the words "professional" and "laity" in medical fields is unethical among members of various specialties and results in breakdown of morale which in turn can affect the standard of services in the hospital. All professional personnel have a right to recognition of the relative importance of their work. The issue involved has a moral basis; physicians could help to promote cooperation and coordination through acknowledging the professional status of paramedical and technical personnel.

REHABILITATION--PROGRAMS

See 919; 924; 934.

REHABILITATION CENTERS--KOREA

927. Korea. Ministry of Health and Social Affairs

The National Rehabilitation Center... Pusan, Korea. Seoul, Korea, The Ministry, 1958. . 24 p. . illus. .

Describes facilities, services, and administration of the National Rehabilitation Center of the Republic of Korea. Offering medical, prosthetic, and vocational services, it has, since 1953, given intensive treatment, provided the needed prostheses (fabricated in its own factory), and operated 16 trade training courses. Statistics are included on the scope of its work.

This report is distributed by the Korean Association for the Welfare of Cripples, 152-6 Onchondong, Tongnae, Pusan, Korea.

RESPIRATION

928. Baker, Margaret P. (Royal Children's Hosp., Mt. Eliza, Victoria, Australia)

Use of glosso-pharyngeal breathing in cases of scoliosis. Physiotherapy. May, 1958. 44:5:135-136.

A report of results of the use of glossopharyngeal breathing to increase the vital capacity of children with severe and increasing scoliosis who require spine grafts. The initial low vital capacity is usually diminished following application of a Risser jacket and still further diminished as correction takes place. The purpose of glossopharyngeal breathing was to achieve maximum inspiration to stretch lung tissue. Techniques developed through experimenting with these cases are described briefly. Results have been encouraging. The author suggests teaching all patients with markedly diminished vital capacity this method of breathing. Even in cases of scoliosis too severe for operation the method has been helpful. Data on 4 case histories are included.

See also 917.

Rh FACTOR

929. Rabe, Edward F. (Geisinger Memorial Hosp. and Foss Clinic, Danville, Pa.)

Erythroblastosis fetalis; a survey of the clinical and laboratory picture with special reference to indications for exchange transfusion, by Edward F. Rabe (and others). Pa. Med. J. June, 1958. 61:6:752-757. Reprint.

A review of the clinical picture of erythroblastosis fetalis, its pathology and general therapy, as well as methods for assessing the need for early treatment in affected babies. Variations of the disease due to antigens other than D (Rh blood factor) are mentioned briefly. Data from recent literature is reviewed and the authors' experience with 71 babies showing varying manifestations of the disease provided additional data. Of this group 59 were treated by exchange transfusion.

RHEUMATIC FEVER

930. Health News, N. Y. State Dept. of Health. Apr., 1958. 35:4.

Partial contents: Rheumatic fever and its prevention (an editorial), Herman E. Hilleboe, p. 3. -The preventive aspects of rheumatic fever, Sidney Blumenthal, p. 4-7. -Difficulties in the diagnosis of rheumatic fever, J. G. Fred Hiss, p. 8-10. -New York State Rheumatic Fever Demonstration program; follow-up of patients, Anne M. Drislane, p. 11-13.

A group of articles discussing preventive aspects of rheumatic fever and the importance of treating streptococcal infections, major and minor diagnostic criteria in the management of rheumatic fever, and some findings of the demonstration program conducted in two regions of New York State. Dr. Hilleboe urges utilization of public and private community resources for early detection and adequate treatment for the prevention and control of rheumatic fever.

SCOLIOSIS

931. American Academy of Orthopaedic Surgery

Scoliosis. J. Bone and Joint Surg. June, 1958. 40-A:3:505-584, 606, 624, 646, 697.

Contents: Scoliosis (editorial), Alan De Forest. -Scoliosis; quo vadis? (editorial), John R. Cobb. -The Milwaukee brace in the operative treatment of scoliosis, Walter P. Blount (and others). -Making the Milwaukee brace, Walter P. Blount, Albert C. Schmidt, and Richard G. Bidwell. -A critical analysis of methods of fusion for scoliosis; an evaluation in two hundred and sixty-six patients, John H. Moe. -A follow-up study of the treatment of scoliosis, Joseph C. Risser and Donald M. Norquist. -The pathogenesis and treatment of idiopathic scoliosis; a preliminary report, Adam Gruca.

A collection of papers discussing past and present experiences in the treatment of scoliosis, new braces, casts, devices and surgical procedures employed, with an evaluation of their usefulness.

See also 847; 928.

SEGREGATION AND NONSEGREGATION

See 868.

SHELTERED WORKSHOPS

See 941.

SOCIAL SERVICE--CASEWORK

932. Rysan, Helen D. (School of Social Work, University of Tennessee, Nashville, Tenn.)

Meaning of illness to worker and agency. Public Welfare. July, 1958. 16:3:185-189.

Both the public welfare agency and the social worker need to be able to recognize problems in regard to illness that call for medical referral and their relation to the total situation of the welfare family. It is the agency's responsibility to see that staff workers are provided the opportunity for education in the special problems posed by illness. Obligations of the agency and the worker consist not only of the provision of direct services but a knowledge of community resources and the ability to collaborate with such other agencies to insure the maximum independence for the patient and his family of which they are capable.

SPECIAL EDUCATION

933. Wallin, J. E. Wallace

Twentieth century milestones in clinical psychology, special education, and mental hygiene. Special Educ. Rev. 1957. 14:4:7-34.

Entire issue devoted to the article.

Dr. Wallin, a pioneer in the field of special education for the handicapped, especially the mentally deficient, describes his educational preparation, the early efforts in public school education, and the development of the psychological clinic. From such clinics came the tests used to measure educational achievement, intelligence and social maturity. He reviews growth of the mental hygiene movement in the United States and summarizes some more recent developments in clinical psychology and special education, as well as notable advances in aid to the physically impaired. The application of increased knowledge to special education is noted. Because Dr. Wallin has been so intimately concerned with special education since its earliest efforts, the article presents a comprehensive picture of the tremendous advances since the beginning of the century.

Special Education Review is published under the auspices of the Newark Chapter of the Council for Exceptional Children, South Market Street School, Newark, N.J.

SPECIAL EDUCATION--INDIA

934. Education of the handicapped. Indian J. Child Health. May, 1958. 7:5:325-326.

An editorial suggesting that rehabilitation facilities should first be developed and trained personnel found to man them; in India the need to provide training for personnel locally is imperative. Education of the handicapped should follow physical rehabilitation; in the process, public attitudes toward the handicapped should be altered and economic independence set as the goal of the rehabilitation process.

SPECIAL EDUCATION--NEW YORK

935. Fenton, Joseph J. (Bur. for Handicapped Children, N. Y. State Education Dept., Albany 1, N. Y.)

Rochester aids physically handicapped, by Joseph J. Fenton and Herman Goldberg. Bul. to the Schools, Univ. of the State of N. Y. May, 1958. 44:9:350-354. Reprint.

SPECIAL EDUCATION--NEW YORK (continued)

Describes the expanded program for high school students with severe orthopedic limitations which Rochester's (New York) Board of Education implemented this year to aid them on their transfer from special classes in elementary schools to the regular high school. Services of a coordinating teacher are utilized in many ways; an outline of her responsibilities is included. The advantages of regular school attendance for the severely handicapped outweigh the difficulties encountered in their integration in public schools.

SPEECH CORRECTION

936. Lillywhite, Herold (3181 S.W. Sam Jackson Park Rd. Portland 1, Ore.)

Doctor's manual of speech disorders. J. Am. Med. Assn. June 14, 1958. 157:7:850-858. Reprint.

Dr. Lillywhite has prepared this manual to aid the family physician called upon to give advice to parents concerned with a child's speech problem. He describes normal speech development, prelanguage development during the child's first year, and what constitutes a speech problem (deviations from normal speech and conditions which commonly cause speech disorders). A brief guide for checking speech is included. The doctor's role in diagnosis and treatment of speech problems is defined. Professional relationships with the speech pathologist should be encouraged; free communication between the two professions works for the benefit of the patient. To help the doctor judge professional competency of speech and hearing therapists, a brief description is included of requirements for certification in the field.

937. Morley, Muriel (Med. School, King's College, Newcastle-on-Tyne, England)

Medicine and speech therapy, by Muriel Morley and Donald Court. Lancet. May 31, 1958. 7031:1169-1171.

An English authority in the field of speech therapy and an English physician discuss the relationship which, ideally, should exist between members of the two professions. Some statistics are given on the number of qualified speech therapists in Great Britain, their training, and the approach to the development of more effective relationships between doctor and speech therapist. In no sense, the authors believe, should the speech therapist be regarded as a medical auxiliary since she is a specialist in her own field and should, therefore, be responsible for diagnosis of speech disorders and their treatment.

SPEECH CORRECTION--BIBLIOGRAPHY

938. Knowler, Franklin H.

Graduate theses in speech and hearing research, 1957. J. Speech and Hear. Research. June, 1958. 1:2:191-198.

Dr. Knowler, Professor of Speech at Ohio State University, continues his listing and indexing of graduate theses in the field of speech and hearing research. The current listing included 161 titles grouped under the graduate school conferring the degree; information given covers author, title, and type of degree. The index contains a suggested classification of the subject content of thesis research, with many titles indexed in more than one area of subject matter. Similar listings for previous years appeared in the March issues of the J. Speech and Hear. Disorders, 1956 and 1957.

SPEECH CORRECTION--EQUIPMENT

SWIMMING

939. Covalt, Nila Kirkpatrick (280 Edinburg Dr., Winter Park, Fla.)

Swimming by the handicapped. Arch. Phys. Med. and Rehab. June, 1958. 39:6:377-380.

Organized programs of swimming for the handicapped are comparatively new but their psychological and physiological value are being recognized as an important part of the total rehabilitation program. In addition to the findings of a complete physical examination, problems of vision, hearing, and convulsions should be explained to the instructor who must be taught to deal with them. Certain adaptations in swimming instruction for the handicapped are explained and elements of an organized program considered. Optimal physical conditioning results from swimming since it is one sport which utilizes all muscles.

See also 910.

UROLOGY

940. Murphy, John J. (3400 Spruce St., Philadelphia 4, Pa.)

Urologic care of the chronically disabled patient. Pa. Med. J. June, 1958. 61:6:773-774.

Stressing the importance of attention to the urinary tract in the care of chronically ill patients, Dr. Murphy points out potential dangers of obstruction and infection, the factors predisposing to urologic complications. Briefly he outlines the management of major problems related to urinary retention, incontinence, infection and calculi. Essential care from the urologic standpoint consists of adequate drainage by the least traumatic method, prevention of local and systemic infection, and assurance of adequate nutrition and hydration.

VETERANS (DISABLED)--INSTITUTIONS

See 904.

VOCATIONAL GUIDANCE

941. Fraenkel, William A. (2190 Boston Rd., New York 62, N.Y.)

"Personal adjustment training" (PAT); "Profile." Habilitation Rev. May-June, 1958. 1:6:1-13.

Personal adjustment training is defined as the process of providing social, emotional, personal, and physical experiences that are vocationally oriented for the mentally retarded in a sheltered workshop. The program is based on known employer demands and job requirements and is intended to prepare the retardate for subsequent vocational success either in competitive or sheltered employment. The author offers this measuring device as a suggested means of evaluating individual performance in various categories--orientation to work, rules and regulations of work, individual and social adjustment, and adjustment to demands and rewards of the work situation. While the author makes no claims for the validity of the profile as a measuring device, he believes it might prove useful in organizing training programs and in evaluating individual adjustment to possible work situations.

VOCATIONAL GUIDANCE (continued)

58. Habilitation Review is published bimonthly by the Occupational Center of Essex County, 1111 S. Orange Ave., Newark 6, N.J. This article was written while Dr. Fraenkel was still employed at the Center; he is now serving as Consultant of Sheltered Workshops and Vocational Rehabilitation, Natl. Assn. for Retarded Children.

VOCATIONAL GUIDANCE--GREAT BRITAIN

See 952.

WALKING

942. Lorenze, Edward J. (126 E. 61st St., New York, N. Y.)

Ambulation problems in hemiplegia, by Edward J. Lorenze, Anthony J. DeRosa, and Elvera L. Keenan. Arch. Phys. Med. and Rehab. June, 1958. 39:6:366-370.

A review of 200 cases of hemiplegia resulting from various etiologic factors including trauma, and cerebral vascular accident including hemorrhage and thrombosis, cerebral embolus and others, was made to determine causes of failure in independent ambulation. An analysis of the physical, social, psychological, and vocational status of the patients was made, in addition to rehabilitation results. This paper reports on factors other than clearcut defects in neuromuscular function resulting from paresis or spasticity which appeared to influence success in independent ambulation. The commonest cause of failure in ambulation was muscular weakness, atonicity, or spasticity, with poor motivation next in order. Unrecovered balance problems and cerebellar syndromes also contributed to failure. Specific problems of muscular weakness and spasticity are outlined.

New Books Reviewed

BLIND--MENTAL HYGIENE

943. Cholden, Louis S.

A psychiatrist works with blindness; selected papers by... New York, Am. Foundation for the Blind, 1958. 119 p.

Although Dr. Cholden's interest in and work with the blind covered only a brief span of years, from 1950 to 1956, he offered a new approach to their rehabilitation problems. These papers, selected from his writings and reprinted in many instances from professional publications, discuss a wide variety of subjects--psychiatric aspects of informing the patient of blindness, group therapy, counseling adolescents and young adults on the psychological acceptance of blindness, and theoretical aspects of rehabilitation of the blind. The American Foundation for the Blind has published Dr. Cholden's writings posthumously as a memorial to one who contributed greatly to welfare of the blind.

Available from American Foundation for the Blind, 15 W. 16th St., New York 11, N. Y., at \$1.85 a copy.

BLIND--SPECIAL EDUCATION

944. College of Teachers of the Blind, Bristol (England)

Handbook for school teachers of the blind. Bristol, The College (1956). 287 p. figs.

BLIND--SPECIAL EDUCATION (continued)

Strongly commended as an excellent handbook for teachers of the blind by William T. Heisler, Head of the Dept. of Teacher Training at Perkins School for the Blind, this British textbook reviews extensively recommended procedures for teaching arithmetic, social studies, braille, physical education, and crafts. The reader is informed of several methods, the advantages of each being pointed out. Responsibilities of teachers and house-parents in residential schools for social training of the blind are defined in the discussion of social problems which blindness imposes. A lengthy chapter on the psychology of blindness, with the inclusion of information on mental tests and measurements, adds to the value of the handbook. Bibliographic references are mainly British publications. Practical help in administration, in choosing equipment and supplementary teaching materials, and for planning the curriculum is given abundantly.

Available from the Hon. Registrar, School for the Blind, Westbury-on-Trym, Bristol, England, at 10s (approx. \$1.80) a copy.

CEREBRAL PALSY

945. Russ, Joseph D.

A primer of cerebral palsy, by Joseph D. Russ and Hyman R. Soboloff. Springfield, Ill., Charles C Thomas, Publ., 1958. 77 p. illus. (Am. Lecture ser., publ. no. 329)

As medical directors respectively of the Cerebral Palsy Center of Greater New Orleans and the Louisiana State Cerebral Palsy Center, Drs. Russ and Soboloff have had opportunity to gain a wide knowledge of all aspects of the cerebral palsy problem. They present here an over-all view of the medical, physical, mental, social, emotional, and economic aspects of the care and treatment of the cerebral palsied. The monograph should prove very useful in orienting all those who are working in this field, providing the basis for a common understanding of the problems and terminology. It offers a concise classification of the condition, a detailed discussion of etiology and diagnosis, outlines briefly the role of team members of the cerebral palsy center, various therapies employed in treatment, the need for and purposes of psychometric evaluation, factors to be considered in arriving at a specific prognosis, special education, and goals of treatment for all degrees of handicap in the cerebral palsied child. Relationships to be desired between patient and private physician, treatment center personnel and the patient's family, and the community and the family are discussed very briefly. Illustrations and brief bibliography of medical articles (1950-1956).

Available from Charles C. Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill., at \$4.00 a copy.

946. Woods, Grace E.

Cerebral palsy in childhood. Bristol, England, John Wright & Sons, 1957. 158 p. illus., tabs.

In this enlargement of an M.D. thesis presented to the University of Bristol in 1956, the author has analyzed the etiology of various types of cerebral palsy in childhood, whether of antenatal, natal, or postnatal origin. Other defects, such as sensory loss or deafness which often accompany the disease, are considered in the light of clinical assessment of the whole child. Findings of a team of workers at the Bristol Children's Hospital on a group of 301 children during the past five years, as observed in the follow-up clinic

CEREBRAL PALSY (continued)

of the hospital and in special day school classes, are presented. Types of defects are described according to the defect in the movement pattern; case histories and statistical data are used extensively. Numerical findings of each movement-defect group are analyzed to show the significance of varying factors in the birth process responsible for causation of the disease. Methods and results of treatment are not discussed, but literature in the field is reviewed widely. A bibliography (p. 145-150) is included.

Available in U.S. from Williams & Wilkins Co., Mt. Royal and Guilford Aves., Baltimore 2, Md., at \$6.50 a copy.

DEAF

947. National Association of the Deaf

Institute on personal, social, and vocational adjustment to total deafness, New York School for the Deaf, White Plains, New York, October 21-25, 1957. Am. Annals of the Deaf. Mar., 1958. 103:2:207-433.

Planned as an orientation course for rehabilitation personnel to acquaint them with the special needs of the deaf and their potentialities, the Institute was considered very successful and, it is hoped, will lead to similar regional training courses in the United States. Financed by the U.S. Office of Vocational Rehabilitation, it covered comprehensively information necessary to understand the peculiar problems associated with deafness and the inability to communicate freely. Sections cover audiologic aspects of rehabilitation of the deaf; classification of disorders of communication and methods of communication; employment of the deaf; the historical background of types of schools and methods of communication; medical, psychological, and social aspects of deafness; the vocational rehabilitation program and its administration in relation to the deaf. Rehabilitation workers will find this an important addition to the literature on the deaf.

Available as a separate reprint from American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at \$2.00 a copy.

MENTAL DEFECTIVES

948. Sarason, Seymour B.

Psychological and cultural problems in mental subnormality; a review of research, by Seymour B. Sarason and Thomas Gladwin. Am. J. Mental Deficiency. May, 1958. 62:6:1113-1307.

Reprinted from: Genetic Psych. Monograph. Feb., 1958. 57:1:3-290.

Written by a psychologist and an anthropologist, this report reviews the literature and current research on mental subnormality, its etiology, and the cultural and environmental factors which complicate the problem. A distinction is made throughout the report between mental deficiency and mental retardation; the problems which such a distinction poses in diagnosis, the reliability of available intelligence tests, the effects of heredity versus environment in the etiology of mental subnormality, and the influence of cultural factors on learning ability are considered, with their implications for further research. Sections are devoted to the severely defective and higher grades of mental defect, including the cerebral palsied. Suggestions are made for specific research problems which might provide important information of practical and theoretical significance in the field of subnormal functioning. Bibliography of 303 references.

MENTAL DEFECTIVES (continued)

This issue also contains "The prevention of mental retardation," by Richard Masland (reprinted from A. M. A. J. Diseases of Children, Jan., 1958, 95:1 (Part II):3-111) on p. 989-1112; and "Implications of the reports for future progress in mental retardation," by James A. Shannon, p. 986-988.

This issue is available from the American Association on Mental Deficiency, 372-374 Broadway, Albany 7, N. Y., at \$3.00 a copy.

NEUROLOGY--STUDY UNITS AND COURSES

949. Moore, Josephine C.

Simplified neurological review for students and therapists. Ypsilanti, Mich., The Author, c1957. 42 p. illus. Looseleaf.

A manual consisting mainly of diagrams illustrating basic aspects of the three types of nervous systems--the central, peripheral, and autonomic--as well as their main branches (all in simplified form). Basic concepts of neurology are outlined, the different tracts of the cord are enumerated, and the five most important ones are discussed and illustrated. Upper and lower motor neurones are included, with a section on the more common spinal cord pathologies. Transverse myelitis syndromes and their functional potential are charted in simplified form. In conclusion, a classification of the major types of gait disorders and their etiology is given.

Available from Overbeck Bookstore, 1216 S. University Ave., Ann Arbor, Mich., at \$1.75 a copy.

ORTHOPEDICS

950. Aegerter, Ernest

Orthopedic diseases; physiology, pathology, radiology, by Ernest Aegerter and John A. Kirkpatrick, Jr. Philadelphia, W. B. Saunders Co., 1958. 602 p. figs.

New techniques and tools in the fields of bone morphology and function have so increased the available literature that the authors foresaw the need to present in a single source what physicians should know concerning diseases which affect the musculoskeletal system. The first four chapters review the complicated anatomy and physiology of tissues of the skeleton; the chapter following offers a simple histology of tissues involved in orthopedic diseases. A primer of bone radiology is intended for the pathologist and orthopedist. Remaining chapters are grouped under 3 sections--disturbances in skeletal development, development in the normally formed skeleton, and tumors and tumor-like processes. Liberal use of illustrations (354) and emphasis on clinical manifestations, radiographic and laboratory findings will enable the clinician to increase his diagnostic efficiency and provide the radiologist and pathologist much help in the interpretation of findings.

Available from W. B. Saunders Co., West Washington Square, Philadelphia 5, Pa., at \$12.50 a copy.

PSYCHOLOGY

951. Hollender, Marc H.

The psychology of medical practice. Philadelphia, W. B. Saunders Co., 1958. 276 p.

Focusing attention on psychological problems encountered by the physician in the everyday practice of medicine, Dr. Hollender discusses theoretical and practical aspects of the doctor-patient relationship and, especially,

PSYCHOLOGY (continued)

those problems occurring in four specialty fields--medicine, surgery, obstetrics, and pediatrics. Two chapters are devoted to the psychological factors related to medicinal and non-medicinal prescriptions. A separate chapter considers the patient with carcinoma. Dr. Leonard A. Stine contributed the chapter on "The Medical Patient," Dr. Ernest M. Solomon, on "The Obstetrical Patient," and Dr. Julius B. Richmond, two chapters on "The Pediatric Patient in Health" and "The Pediatric Patient in Illness." Dr. Hollender states, in his introduction, that the book is not a textbook on psychiatry or the psychosomatic approach to medicine.

Available from W. B. Saunders Co., W. Washington Square, Philadelphia, at \$6.50 a copy.

REHABILITATION

952. Ling, Thomas M, ed.

Rehabilitation after illness and accident, edited by Thomas M. Ling and C. J. S. O'Malley. London, Bailliere, Tindall & Cox, 1958. 119 p.

A collection of articles on various aspects of the total rehabilitation program, contributed by a professor of social medicine, a surgeon, psychiatrist, occupational therapist, rehabilitation center medical directors, and several physicians. The editors, both of whom have been medical directors of rehabilitation centers in England, give a brief historical review of rehabilitation efforts in that country.

Contents: Emotional factors in illness and rehabilitation, Thomas M. Ling. - Return to work, W. E. Chiesman. - Rehabilitation after illness, T. A. Lloyd Davies. - Rehabilitation in general medicine, John S. Richardson. - Rehabilitation in thoracic disease, H. John Anderson. - Rehabilitation after cerebral surgery and injury, Harvey Jackson. - Rehabilitation in general and orthopaedic surgery, C. J. S. O'Malley. - Occupational therapy in rehabilitation, Barbara M. Stow. - Some social factors in rehabilitation, C. J. S. O'Malley. - The organization of rehabilitation, Thomas M. Ling.

The final chapter describes administrative aspects of rehabilitation programs in Great Britain and includes a listing of 15 Industrial Rehabilitation Units operated by the Ministry of Labour.

Available in the U.S. from Williams & Wilkins Co., Mt. Royal and Guilford Aves., Baltimore 2, Md. at \$3.50 a copy; in Great Britain, from Bailliere, Tindall and Cox, 7 and 8 Henrietta St., W.C. 2, London, England at 12s 6d a copy.

REHABILITATION--EQUIPMENT

953. Moore, Josephine C.

Rehabilitation equipment and supplies directory. Ypsilanti, Mich., The Author, c1958. 114 p. Paperbound. Mimeo.

Although compiled as a guide to new sources and manufacturers of rehabilitation equipment and supplies, the directory is not intended to serve as an order catalog. Section I lists materials under general headings, with a brief description of each item and its sources of supply. Section II is an alphabetical listing of all companies dealing in the materials included in Section I. Other useful information covers a list of societies and professional organizations engaged in or interested in aiding rehabilitation of the handicapped and a list of publications useful to those in the rehabilitation field. The table of contents is cross-indexed as an aid to easy reference.

Available from Overbeck Bookstore, 1216 S. University Ave., Ann Arbor,



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